

**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

PROV1100-2

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,037,366, granted March 14, 2000, and for which a reissue patent is sought on the invention entitled COMPOSITION FOR CREATING VASCULAR OCCULSIONS, the specification of which

☐ is attached hereto.

☒ was filed on March 30, 2001 as reissue application number 09/823,775 and was amended on November 5, 2003.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

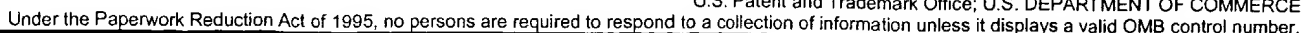
☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Name(s)	Registration Number
Lisa A. Haile, J.D., Ph.D.	38.347

X	Customer Number	28213	→	Place Customer Number Bar Code Label here
		Type Customer Number here		

Firm or Individual Name	LISA A. HAILE, PH.D.				
	GRAY CARY WARE & FREIDENRICH LLP				
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Country	UNITED STATES OF AMERICA				
Telephone	(858) 677-1456	Fax	(858) 677-1465		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Robert E. Krall

Inventor's signature _____

Date _____

Residence

2728 Via Dieguenos, Alpine, California 91901

Citizenship

United States

Mailing Address

Full name of second joint inventor (given name, family name)

Charles W. Kerber

Inventor's signature

Date _____

Residence

4444 Topa Topa Drive, La Mesa, California 91941

Citizenship

United States

Mailing Address

Full name of second third inventor (given name, family name)

Kimberly Knox

Inventor's signature

Date _____

Residence

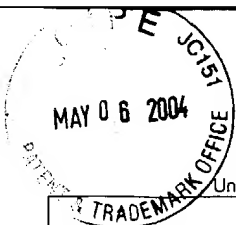
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☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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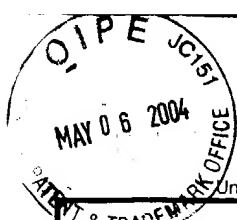
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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)

Lisa A. Haile, J.D., Ph.D.

Registration Number

38,347

Correspondence Address: Direct all communications about the application to:

<input checked="" type="checkbox"/> Customer Number	28213	→	Place Customer Number Bar Code Label here
	Type Customer Number here		

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	GRAY CARY WARE & FREIDENRICH LLP				
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City	SAN DIEGO	State	CA	Zip	92121-2133
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Date

26 Mar 04

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